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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/453,558 03/11/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/18/2004

|  |   |                           |                         |                       |                            |
|--|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>JK</i> Initials <i>JK</i> | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>11 | TOTAL<br>CLAIMS<br>18 | INDEPENDENT<br>CLAIMS<br>5 |
|--|---|---------------------------|-------------------------|-----------------------|----------------------------|

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 45200  
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TITLE  
 Plasma detoxification system and methods of use

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>699 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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